The languages currently required by the Dymally-Alatorre Act may change over time. The Contractor shall be required to meet the requirements of the Act.

In the response to this section, the Bidder should specify how it will meet these language requirements.

| Meets Requirement: | Yes | No | | |
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6.11.2.3 Recipient Customer Service Functions

The CSC and/or ARU shall provide information and service on the functions described below. At a minimum, a recipient shall be able to conduct the following activities through the ARU 24 hours per day, 7 days per week.

- **Report a lost/stolen card** Securely deactivate a card and/or freeze an account at the request of the head of household or cardholder.
- **Conduct a current balance inquiry** "Real-time" account balance information by program.
- **Review transaction history** Information about the last ten (10) transactions by program including the transaction amount and date.

Additional customer service functions available through the ARU or CSC shall include the following:

- **Inquire about account history** Request a two-month statement of account history by program to be mailed to the head of household within two (2) business days.
- **Request a replacement card** Information about benefit card replacement procedures.
- **Change PIN** Information about PIN re-selection procedures.
- **Identify benefit access/service points** At a minimum, this should include high-level information about POS/ATM acquirers and how to obtain detailed information about locations.
- Determine the number of remaining free cash withdrawal transactions
- **Report unauthorized card use** Information about reporting unauthorized card use.
- Card activation and PIN selection for homebound recipients Homebound recipients shall be able to securely select a PIN and activate a card.
- Speak to a Customer Service Representative Callers selecting this option will be transferred to a CSR for assistance.

The State must review and approve all ARU messages in all required languages before they are used on the system. The Contractor shall not change ARU messages or menu functions without prior approval of the State.

| Meets Requirement: | Yes | No | | |
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| Reference Document: | | | Page(s) | |
| Description: | | | | |

6.11.2.4 Error Resolution

The Contractor shall establish procedures for problem and error resolution, and CSRs shall be trained in such procedures. Error resolution procedures shall be based on industry standards for EFT. Error resolution and escalation procedures shall be provided to the State for approval prior to the beginning of the Pilot Implementation. The following guidelines represent minimum standards for recipient error resolution.

The CSR shall document recipient calls reporting an error or a discrepancy regarding a benefit amount or a transaction. The CSR shall record pertinent information about the recipient, nature of the complaint or discrepancy, and date and time of call, action taken, resolution, and date of resolution. The recipient shall be given a control number for tracking purposes. The county and State shall have access to such error resolution logs as needed.

The Contractor shall resolve errors as quickly as possible. The CSC shall initiate an investigation immediately upon report of an error. Within two (2) business days, the Contractor shall either resolve the problem and, if appropriate, adjust the recipient's account balance or forward information regarding the discrepancy to the proper third parties for resolution (e.g., CWD, retailer, third party processor).

Where information is sent to a third party, the Contractor must resolve the issue within ten (10) business days of the initial report with an adjustment to the recipient's account, if appropriate, or a denial with reason.

When an error resolution is denied, the Contractor must notify the county within two (2) business days of the finding, including the reason the Contractor found no error. The county will then take appropriate action as required by regulations to notify the recipient.

| Meets Requirement: | Yes | No | | |
|---------------------|-----|----|---------|--|
| Reference Document: | | | Page(s) | |
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